



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/29/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000002329

FACILITY NAME -> D & L OFFSET LITHOGRAPHY

MAILING ADDRESS -> 75 VARICK ST - 7TH FLOOR  
N SECTION OF FLOOR  
NEW YORK, NY 10013

INSTALLATION ADDRESS -> 75 VARICK ST - 7TH FLOOR  
N SECTION OF FLOOR  
NEW YORK, NY 10013

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: HENRY, SHANNON  
OFFICE MGR  
D & L OFFSET LITHOGRAPHY  
75 VARICK ST - 7TH FLOOR  
N SECTION OF FLOOR  
NEW YORK, NY 10013



ALL SECTIONS MUST BE COMPLETED

U.S. EPA  
AGENCY ROUTING SLIP

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028, expires 6-31-93  
GSA No. 0246-EPA-OT

<p>Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</p>	 <b>EPA</b> United States Environmental Protection Agency	<b>Notification of Regulated Waste Activity</b>	<p>Date Received (For Official Use Only)</p> <p>PROGRAMS BRANCH</p>
<b>I. Installation's EPA ID Number (Mark 'X' in the appropriate box)</b>			
<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number NYR0000002329	
<b>II. Name of Installation (Include company and specific site name)</b> D. E. L. D + P Set L + No Sr 20 Ky			
<b>III. Location of Installation (Physical address not P.O. Box or Route Number)</b>			
Street MUST HAVE BUILDING NUMBER 75 Varick St			
Street (continued) 4th Floor NORTH SECTION OF FLOOR			
City or Town New York		State NY	ZIP Code 10013
County Code    County Name 06    Co New York			
<b>IV. Installation Mailing Address (See instructions)</b>			
Street or P.O. Box 75 Varick St			
City or Town New York		State NY	ZIP Code 10013
<b>V. Installation Contact (Person to be contacted regarding waste activities at site)</b>			
Name (last) Henry		(first) Shannon	
Job Title Office Manager		Phone Number (area code and number) 212 - 226 - 3740	
<b>VI. Installation Contact Address (See instructions)</b>			
A. Contact Address Location    Mailing <input checked="" type="checkbox"/> <input type="checkbox"/>		B. Street or P.O. Box Same as Above	
City or Town New York		State NY	ZIP Code 10013
<b>VII. Ownership (See instructions)</b>			
A. Name of Installation's Legal Owner (LANDLORD) The Parish of Trinity Church			
Street, P.O. Box, or Route Number 74 Trinity Place			
City or Town New York		State NY	ZIP Code 10006
Phone Number (area code and number) -    -    -    -    -    -		B. Land Type <input type="checkbox"/>	C. Owner Type <input checked="" type="checkbox"/>
		D. Change of Owner Indicator Yes <input type="checkbox"/> No <input type="checkbox"/>	(Date Changed) Month    Day    Year -    -    -

FROM: JACQ HOYT, EPA REGION 2, 290 BROADWAY  
NYC NY 10007-1866 22ND FLOOR



ID - For Official Use Only													
<b>VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)</b>													
<b>A. Hazardous Waste Activity</b>  1. Generator (See instructions) <span style="float: right;">ONLY FOR</span> <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <span style="float: right;">ONLY FOR</span> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____  <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractor <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace  <input type="checkbox"/> 5. Underground Injection Control	<b>B. Used Oil Fuel Activities</b>  1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace  <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification												
<b>IX. Description of Regulated Wastes (Use additional sheets if necessary)</b>													
<b>A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)</b> 1. Ignitable (D001) <input checked="" type="checkbox"/> 2. Corrosive (D002) <input type="checkbox"/> 3. Reactive (D003) <input type="checkbox"/> 4. Toxicity Characteristic (D000) <input type="checkbox"/> (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) _____													
<b>B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)</b>													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 16.6%; text-align: center;">1 4005</td><td style="width: 16.6%; text-align: center;">2 4003</td><td style="width: 16.6%; text-align: center;">3</td><td style="width: 16.6%; text-align: center;">4</td><td style="width: 16.6%; text-align: center;">5</td><td style="width: 16.6%; text-align: center;">6</td></tr><tr><td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td><td style="text-align: center;">10</td><td style="text-align: center;">11</td><td style="text-align: center;">12</td></tr></table>		1 4005	2 4003	3	4	5	6	7	8	9	10	11	12
1 4005	2 4003	3	4	5	6								
7	8	9	10	11	12								
<b>C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)</b>													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 16.6%; text-align: center;">1</td><td style="width: 16.6%; text-align: center;">2</td><td style="width: 16.6%; text-align: center;">3</td><td style="width: 16.6%; text-align: center;">4</td><td style="width: 16.6%; text-align: center;">5</td><td style="width: 16.6%; text-align: center;">6</td></tr></table>		1	2	3	4	5	6						
1	2	3	4	5	6								
<b>X. Certification</b>													
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>													
Signature <b>ORIGINAL OF</b> <i>Shannon Henry</i>	Name and Official Title (type or print) <i>Shannon Henry - Office Mgr</i>	Date Signed <i>3-13-95</i>											
<b>XI. Comments</b>													
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)													